

**ORANGE COUNTY CLERK OF THE BOARD, ASSESSMENT APPEALS DIVISION
REVOCATION / SUBSTITUTION OF ATTORNEY/AGENT**

See Instructions on Reverse Side

(Please Type or Print)

1. APPLICANT / PROPERTY INFORMATION

PETITION/APPEAL NO. _____

APPLICANT'S NAME _____

APPLICANT'S STREET ADDRESS _____

APPLICANT'S CITY/STATE/ZIP _____

SECURED: PARCEL/ASSESSMENT NO.: _____ - _____ - _____ • _____

UNSECURED: PARCEL/ASSESSMENT NO.: _____ - _____ - _____ - _____ - _____

2. AGENT AUTHORIZATION AFTER INITITAL FILING OF APPEAL

☐ I hereby appoint _____
(Name of Agent or Attorney)

as my authorized agent in the above-referenced application with authority to inspect assessor's records, enter into stipulations, and otherwise settle issues relating to the above-referenced application.

(Attorney/Agent's Company Name, if applicable)

(Attorney/Agent's Address)

(Attorney/Agent's phone)

(Alternate phone)

(Fax phone)

3. AGENT AUTHORIZATION SUBSTITUTION

☐ I hereby substitute _____
(Name of Agent or Attorney)

as my authorized agent in the above-referenced application with authority to inspect assessor's records, enter into stipulations, and otherwise settle issues relating to the above-referenced application.

(Attorney/Agent's Company Name, if applicable)

(Attorney/Agent's Address)

(Attorney/Agent's phone)

(Alternate phone)

(Fax phone)

4. AGENT AUTHORIZATION REVOCATION

☐ I hereby revoke and terminate authorization for the following agent to act as my agent in the above application.

(Name of Agent or Attorney)

(Attorney/Agent's Company Name, if applicable)

APPLICANT'S PRINTED NAME

TITLE

APPLICANT'S SIGNATURE

DATE

HEARING DATE, IF APPLICABLE: _____

Instructions for Authorization / Substitution / Revocation

Box 1

Complete all sections in the “**Applicant/Property Information**” portion of the form if you are authorizing an agent to handle your *assessment appeal* **after the initial filing, changing agents (substituting a new agent for a former agent), or revoking an existing agent’s authorization.**

Box 2

If you have not authorized an agent to act on your behalf with respect to the assessment appeal identified in Box 1 **but now wish to do so**, you must **complete all sections** within the “**Agent Authorization After Initial Filing of Appeal**” portion of the form, **as well as all sections within Box 1.**

Box 3

If you have previously authorized an agent to act on your behalf with respect to the assessment appeal identified in Box 1 and now wish ***to change agents (substitute*** a new agent in place of a former authorized agent), you must **complete all sections** within the “**Agent Authorization Substitution**” portion of the form, **as well as all sections within Box 1 & Box 4.**

Box 4

If you ***previously authorized an agent*** to act on your behalf with respect to the assessment appeal identified in Box 1, ***but now wish to handle the appeal yourself***, without the assistance of an agent, you **must complete all sections** within the “**Agent Authorization Revocation**” portion of the form (Box 4), **as well as all sections within Box 1.**

Signature
& Date

The form must be **signed and dated at the bottom** with an ***original signature***. Signatures in **blue** ink are preferred. Be sure to print name and title, if applicable, clearly.

Please retain a copy for your own records. Be sure to **return the form with the original signature to this office.**

Mail
Completed
Form to:

***Clerk of the Board of Supervisors
Assessment Appeals Division
12 Civic Center Plaza, Room 238
P.O. Box 22023
Santa Ana, CA 92702-2023***